BMC THE PULSE BEAT

Burlington Medical Center | Burlington, Iowa | January, 1991

BMC brings health care home

Maria Welch weighed only two pounds when she was born three months prematurely in Iowa City on December 25, 1988.

A two-pound Christmas present.

Four months later, when her parents finally got to bring her home to Burlington, she tipped the scales at 6 pounds, 8 ounces.

The still-tiny infant, daughter of Lisa and Gary Welch, soon became "like family" to nurses from Burlington Medical Center's Home Health Care Department.

Maria's colon was not fully developed, requiring several operations, and she was prone to infections. The BMC Home Health Care nurses visited the Welch home frequently to weigh and measure the baby, assess her condition and teach her mother special skills to meet Maria's needs.

"Those nurses gave me all the assurance and education I needed. And, believe me, I needed a lot," said Lisa Welch. "When you have someone as sick as my baby was, you need help at home — and sometimes you need it bad in the middle of the night. Those nurses were right there when we needed them."

Other BMC Home Health Care patients who have become "like family" include John F. Andrews, 80, a retired Burlington policeman who suffered a stroke two years ago, and his 13-year-old grandson, Casey Andrews.

The elder Andrews very likely would be in a nursing home today if home health care were not available, according to his wife Mildred.

"We've been married for 48 years, and I wanted John home with me," she said. "I couldn't bear to have him in a nursing home. But I'm afraid that's where he'd be if we didn't have the girls from BMC Home Health Care helping us."

A home health care nurse sees Andrews twice a week to monitor his blood sugar, medications and general health, and a home health aide goes to his home three times a week to bathe him. The home health care charges are paid for by Medicare.

Janelle Spenler, nursing director for BMC Home Health Care, gets a little help from Maria Welch, 2, while listening to the heartbeat of Maria's favorite doll.

Andrews' grandson Casey, son of Kim and John Andrews Jr., also was on the receiving end of home health care last fall after he developed a serious infection in his foot.

"I stepped on a thorn," young Andrews explained. "We pulled it out, but I guess we didn't get it all because in a couple of weeks it was really bad."

Casey's foot needed daily cleaning, soaking and intravenous antibiotics for the infection. His parents were faced with a choice of admitting him to the hospital or having a registered nurse come to the home and monitor his IV line, medication and healing progress. They chose BMC Home Health Care.

Casey and his grandfather live only a few doors away from one another, which made it convenient for the same nurse to see both of them.

Chris Oleson, a BMC Home Health Care nurse, started an IV in Casey's arm and taught his mother how to inject medication into the tubing.

"I felt a little shaky at first, but it got easier after I did it a few times," said Kim Andrews. "The important thing for me was knowing that I could call the nurse any time and she'd either tell me what to do or she'd be right over. Believe me, that helps—especially when it's in the middle of the night!"

Home health nursing is both challenging and rewarding, according to Oleson.

"You get so close to your patient and their family," she said. "You're out there all alone, making decisions, so it's a real challenge for a nurse. It's something you can only do after a lot of nursing experience. I love home nursing. We all do!"

Tel-Lert provides 'peace of mind'

Maggie Brown of Burlington, at age 86, cherishes her independence. She lives alone and is determined to continue doing so even though her two sons live hundreds of miles away.

Tel-Lert, a telephone emergency medical response system offered by Burlington Medical Center, helps Brown maintain the self-reliance that's so important to her.

Brown's sons, John and Tom, both of whom live on the East Coast, were instrumental in getting Tel-Lert for their mother.

"It had been nearly a year since I'd been back to see my mother, and I was surprised at the changes in her physical condition," said John Brown. "Her arthritis had gotten worse, along with her ability to move around the house. I was amazed at how well she was able to take care of herself, and yet I was concerned about her falling and not being able to get up."

John and his brother "talked it over" and then asked their mother if she would consider moving to be near one of them. "But she didn't want to do that," said John. "After all, she has lived her entire life in the Burlington area, and doesn't want to leave her friends."

The brothers didn't want their mother to worry about paying for the Tel-Lert service, and decided to share the cost between the two of them.

"It was the perfect gift for all three of us — security, independence and peace of mind," said John. "Tel-Lert is a gift we hope Mom never has to use. But it's the answer for her, my brother and me. It gives all of us a good feeling knowing that help is available 24 hours at day and all she has to do is press a button."

Tel-Lert also helps dozens of other area residents remain independent.

"Peace of mind" are words most often used by clients and family members in describing Tel-Lert.

Dean Frost of Mediapolis, who made arrangements to have Tel-Lert service installed in the homes of two elderly aunts, both of whom live alone, said: "I call it peace of mind insurance, for them and for me. The cost of the Tel-Lert service figures out to about a dollar a day. That's fantastic! Where else can you find insurance for that amount?"

The Tel-Lert system links users to a central monitoring center, which is staffed by highly skilled emergency services operators 24 hours a day. A special pendant is worn around the neck and serves as a portable signaling device.

When the pendant button is pushed, an automatic dialing device is activated in the Tel-Lert phone. As soon as the monitoring center receives a signal for assistance, a computer screen displays the user's location and phone numbers for police, ambulance, fire department and doctor, as well as relatives or neighbors to notify in emergency situations.

The emergency services operator answers the call for help via the speaker in the Tel-Lert phone. She confirms that there is an emergency and initiates the appropriate action for assistance.

Harold Smith, 70, is a diabetic and double amputee who lives by himself and whose children worried about what would happen to him in a medical emergency even though they live nearby. How could he call for help if there was an accident, a fall or a serious medical problem and he couldn't get to the telephone?

Smith knew he needed something to help calm his children's anxiety about his ability to maintain a safe and independent lifestyle, and Tel-Lert was the answer.

"My Tel-Lert makes my kids feel better, and I've got help if I ever need it," said Smith.

Helen Thompson, 90, whose only child lives more than three hours away, recently fell and broke her hip. Fortunately she was wearing a Tel-Lert pendant, and all she had to do was press a button to get help.

"I knew right away my hip was broken," said Thompson. "When the emergency response operator came on the line, I told her to call the paramedics. My house was locked, but my neighbor keeps a key for emergencies, so the operator called her. She had the door open before the ambulance arrived." Thompson was transported to BMC, where she had hip surgery.

Alice Jones, 85, who is confined to a wheelchair, was thankful she had Tel-Lert when she fell out of her wheelchair.

"It was quite an experience," said Jones. "All of a sudden, I found myself lying on the floor and I couldn't get up. I knew I was okay, and hadn't broken any bones. I just needed help to get up. When the emergency response operator

(Continued on Page 5)

Kathy Hughes, a Tel-Lert emergency response operator, sits at a console in the Response Center, ready to dispatch medical assistance as needed.

Free BMC blood pressure check is life-saver

Karl Reinhardt, 90, of Nauvoo, Illinois, was walking through the lobby of Burlington Medical Center, on his way to the Laboratory Department for a simple outpatient blood test.

It was 3 p.m. on September 13, and the lobby was filled with people who were getting blood samples drawn for cholesterol tests in "CountDown USA: The National Heart Check."

On the spur of the moment, Reinhardt decided to stop for a free blood pressure check, which BMC was offering as part of the CountDown screening program.

It was a lucky decision: Reinhardt's blood pressure was sky high, 240 over 100, and his heart rate was very slow, less than 40. The nurse who took the reading, Sherry Blanchard, knew immediately that Reinhardt was in real danger of having a stroke and advised him to see his doctor immediately. Reinhardt told the nurse that he "already had made an appointment for the following week" with his family physician, George Gundrum, M.D. Blanchard said he definitely should not wait a week and urged him to "get over to Dr. Gundrum's office right away."

Within three hours, Reinhardt had been seen by Gundrum, who ordered an electrocardiogram and, after seeing the results, referred him to a cardiologist, Mark Woodard, D.O., and was admitted to BMC. The diagnoses: Complete heart blockage, hypertension and history of stroke.

Reinhardt was dismissed from the hospital six days later; he went home with a cardiac pacemaker that Dr. Woodard had inserted in his chest.

"Mr. Reinhardt is a pretty lucky guy," said Dr. Gundrum. "He was experiencing bradycardia (abnormally slow beating of the heart), but showing no other symptoms, such as dizziness. Had he not stopped to have his blood pressure and pulse taken by the nurse at BMC, there would have been no way of knowing about his slow heartbeat."

Reinhardt agreed that "it was more luck than anything" that caused him to stop in the BMC lobby to have his blood pressure checked.

"My daughter and I had just come down to the lab to get a blood test, and we had planned on going right back home," he said. "I certainly wasn't prepared to stay overnight. I didn't have my pajamas with me, that's for sure."

Karl Reinhardt waters his plants in his home in Nauvoo, Illinois, while recuperating from having a cardiac pacemaker installed at Burlington Medical Center. His heart problem was discovered during BMC's "Countdown USA: The National Heart Check" screening program.

Countdown USA: The National Heart Check is sponsored by Voluntary Hospitals of America (VHA), of which BMC is a member. BMC offered the CountDown cholesterol screening program in Burlington and eight nearby communities in cooperation with local physicians during the week of September 10-14.

'It was more luck than anything . . . I certainly wasn't prepared to stay overnight.'
— Karl Reinhardt

A total of 1,502 area residents participated in BMC's screening program: 1,000 at BMC, 168 at Valley Medical Center in Fort Madison and a total of 277 in West Point, Wapello, Morning Sun and Mediapolis in southeast Iowa, and Dallas City and La Harpe in Illinois.

Seven out of 10 persons who were screened for cholesterol levels chose to have the more definitive Coronary Risk Profile test at a special reduced-fee of $15 rather than the Total Cholesterol test for $5.

Of the 1,502 participants in the screening program, 481 persons, or 32 percent, had high cholesterol readings (240 and above) and 604 persons, or 40 percent, had borderline high readings (200 to 239). In addition, 411 persons, or 27 percent, had elevated blood pressure.

Results of their tests were sent to each participant, along with letters of explanation and information. Those who tested high were advised to consult with their physician.

"I was really impressed with the CountDown screening program," said Cathi Deli of Burlington. "It was helpful to get an interpretation and suggested line of action along with the results. That made the testing effective for me."

Gall bladder surgery, the 'easy way'

A new surgical procedure called "laparoscopic cholecystectomy" is being performed by surgeons at Burlington Medical Center to remove diseased gall bladders.

A tiny inside-the-body camera and a television screen are important tools in the operating room when this small-incision, fast-healing procedure is performed.

The mini-camera — actually a fiber-optic viewing tube, or laparoscope — is inserted into the body through an incision made in the patient's navel. The unique placement of the camera has prompted more than one patient to refer to the procedure as "the belly-button operation."

John Phillips, M.D., Michael Niehaus, M.D., and William Vincent, M.D., all of Surgeons, Inc., began using the new video technology to perform gall bladder surgery last October after receiving special training.

"This procedure is very delicate, and it takes more time in the operating room to perform than traditional gall bladder surgery," said Dr. Phillips. "However, the advantage to the patient is a much shorter recovery time. And the patient feels better a lot quicker, too."

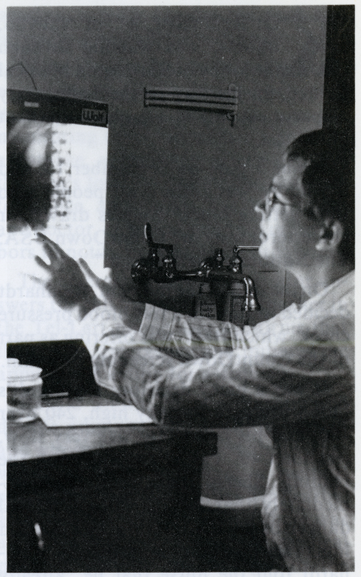
When conventional gall bladder surgery is done, the surgeon makes a six-inch-long incision. The patient must stay in the hospital for a week following this major surgery and then spend up to six more weeks recuperating at home.

When the laparoscopic cholecystectomy is done, the surgeon makes four small puncture-like incisions in the abdomen, the largest of which requires a stitch or two to close. Adhesive strips are applied to the other incisions. The patient is in the hospital only one or two days and then spends just five to seven days recuperating at home.

Patients like the procedure because it's less painful, costs less, leaves no unsightly scars and requires a fraction of the recovery time associated with conventional gall bladder surgery.

"It's a breeze," said Patrick Rosson of rural Burlington, who was among the first to have the laparoscopic cholecystectomy done at BMC.

"There were no after effects, no real pain," he said. "Oh, my belly was a little sore for a day or two. But I was bullheaded and didn't take any pain pills. I didn't think I needed them."



William Vincent, M.D., at left, holds a laparoscope with a tiny camera which is used to view the gall bladder while performing a laparoscopic cholecystectomy procedure. At right, Michael Niehaus, M.D., examines an X-ray of a gall bladder which shows a number of large gallstones.

Rosson, 42, returned to his job at J.I. Case Co. two weeks after surgery. "I'm a bachelor, single and independent, and I wanted to get back on my feet as quickly as possible," he said. "If anyone needs gall bladder surgery and can have it done the easy way, I'd sure recommend it."

Not everyone with gall bladder disease is a candidate for laparoscopic cholecystectomy, Dr. Phillips pointed out.

"If the patient has stones in the bile duct, is pregnant or has an acutely infected gall bladder, the traditional surgery will be performed," he said.

Milo Rice, 83, of Danville, was surprised, but pleased, to learn that he was being dismissed from BMC two days after having his gall bladder removed by laparoscopic cholecystectomy.

Rice, who is retired from the Iowa Army Ammunition Plant, was anxious to get home so he could pursue his wintertime activity of cracking black walnuts and selling the nutmeats.

"This surgery was sure easy," he said. "The only other time I had surgery was thirty years ago when I had a kidney stone removed. I was in the hospital twenty days for that. There's just no comparison between the two."

Joyce Burtalo, a housewife from Wever who had the surgery in November, said she went home the day after the procedure was done. "I'm certainly glad I didn't have to have conventional gall bladder surgery. I've talked with a lot of people who did, and they couldn't believe I was going home so soon," she said.

Leona Pitts of Burlington, who works outside the home, was pleased that she would be able return to her job as a production operator at the Winegard Company so soon after surgery.

"The recovery time was really important for me. When you can't afford to take time off from work, it sure helps to be able to get back quickly," she said.

The gall bladder is a muscular, membranous sac about the size of an egg attached to the liver. It stores bile produced by the liver until mealtime, when it releases the substances into the digestive system. After the gall bladder has been removed, the liver continuously feeds the bile into the digestive tract, without any noticeable effect on the body.

The laparoscopic cholecystectomy begins with the surgeon making a one-half inch incision in the navel, through which the mini camera is inserted. Then three small puncture-like incisions are made to accommodate slim metal tubes. The surgical instrument used to cut out the gall bladder, either a cautery or a laser, goes into one tube and a pair of retractors are inserted through the two remaining tubes.

Carbon dioxide gas is pumped into the abdomen, stretching the muscles and inflating the abdominal cavity, thereby giving the surgeon space to manipulate the gall bladder with the instruments.

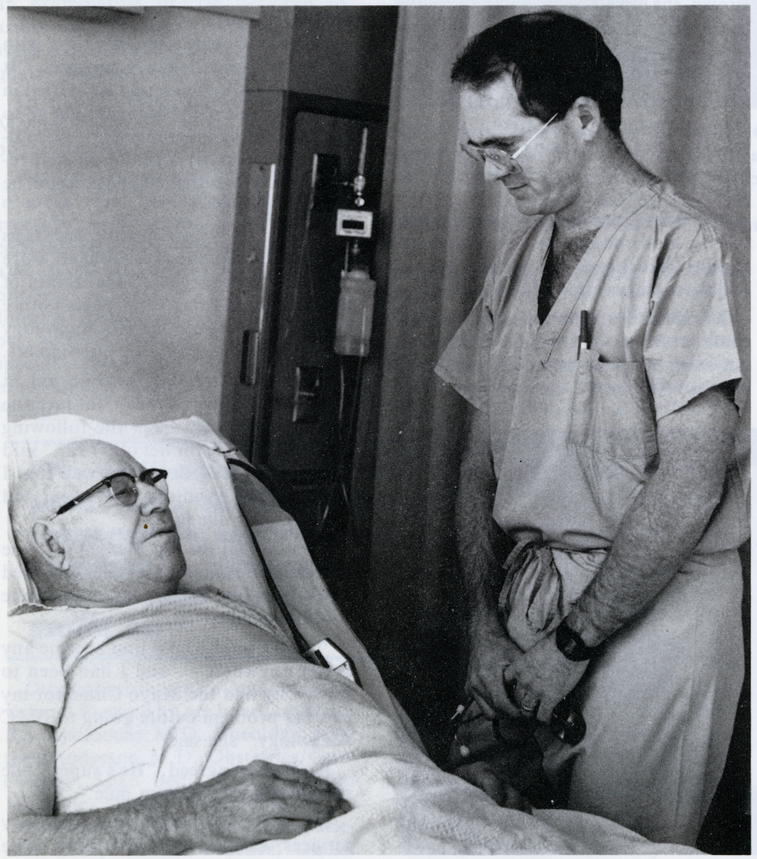
A nurse holds the laparoscope, adjusting the tiny camera through the patient's abdomen, which produces an image on a high-resolution television monitor. The picture is astonishingly clear and colorful.

The surgeon watches the TV screen intently throughout the procedure, and using the retractors, lifts the edge of the brownish liver, exposing the creamy-white gall bladder.

"The nurse has to anticipate where I want the camera," Dr. Phillips said. "It's an important part of the surgery."

After the gall bladder is excised by cautery from the liver, the surgeon pulls it to the body's surface where the bile and stones are suctioned out and the empty gall bladder removed.

Gall bladder disease in the United States affects about 20 million people a year, and surgeons perform gall bladder surgery at the rate of 1,400 a day, making it the second most frequently performed surgical procedure in this country.



Milo Rice of Danville gets good news from Dr. John Phillips just two days after having his gall bladder removed by laparoscopic cholecystectomy. "Everything looks good. You can go home today," Dr. Phillips said.

Tel-Lert provides peace of mind

(Continued from Page 2)

called, I told her I didn't need an ambulance, that all she needed to do was call my daughter and have her come right away because I had fallen.

"The operator called my daughter and then stayed on the line with me, making sure I was okay until Margaret arrived. Everything was fine after she got there and helped me get up.

"I feel so safe with my Tel-Lert. I wouldn't be without it."

For more information on the Tel-Lert emergency medical response system, call BMC Healthways at (319) 753-3228 or write Healthways Coordinator, Burlington Medical Center, 602 N. Third St., Burlington, IA 52601.

(Note: Except for Dean Frost, the names in this story have been changed to protect the identity and safety of Tel-Lert customers who live alone. The circumstances and quotes, however, are authentic.)

In Appreciation

We are grateful for the following donations and memorial gifts that were received between September 13 and December 4, 1990. For information regarding donations to Burlington Medical Center, contact the Administration Office (753-3276).

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Seeing is believing; so is hearing

Marion Brown Jr.'s hearing loss was gradual, but steady, beginning in his early fifties.

But even though he knew his hearing problem was getting worse, he kept putting off making an appointment with BMC Audiology for a hearing evaluation.

He didn't like the idea of wearing a hearing aid.

"It's a vanity thing with most people. Either that, or they think it's a sign of old age," said the 56-year-old Brown.

Brown, a salesman for a medical supplies company and the mayor of Oquawka, Illinois, realized he was saying "huh" or "I beg your pardon" a lot. He knew he was missing out on much of what was being said at company sales meetings and City Council meetings, but he still was in no hurry to do anything about his hearing problem.

"It probably took me two years to make up my mind to finally do something," he said.

Brown, who calls on physicians as part of his job, said he asked several doctors for advice on what he should do about his hearing problem.

"All the doctors I talked with strongly recommended the Audiology Department at Burlington Medical Center, and that includes one doctor as far away as Hamilton, Illinois," said Brown.

BMC Audiology has offices in the Mercy Professional Building in Burlington and in Valley Medical Center in Fort Madison. Brown came to the Burlington office two years ago for an evaluation.

"The audiologist at BMC Audiology was very professional and helpful," said Brown. "He told me he was not here to sell a hearing aid; he was here to evaluate my hearing."

Brown said his hearing is "75 percent better" than it was before he was fitted with in-the-ear hearing instruments in each ear. And, despite his earlier concerns about how they would look, the hearing aids are barely noticeable to the casual observer.

Like Brown, Betty Kruidenier, 63, of Monmouth, Illinois, was in her fifties before she developed a hearing problem that gradually got worse. And, also like Brown, she put off doing anything about her hearing problem for some time.

"People tend to associate a hearing aid with a handicap, which bothered me," she said. "I thought I really didn't need a hearing aid. But then it got so I wouldn't hear everything that was said in a conversation, or I wouldn't hear it right.

"At first, I thought people were not talking loud enough, so I'd ask them to repeat what they had said. But after a while people get tired of doing that."

Kruidenier, a secretary in the media center at Monmouth High School, said her boss, her husband and her children were all supportive in encouraging her to do something about her hearing loss.

"I work with students, teachers and the public, so hearing is very important in my job," she said.

Kruidenier said she finally decided to make an appointment with BMC Audiology after a friend whispered something in her ear and told her not to let it go any further.

"It's funny when I think of it now," said Kruidenier. "My friend didn't have to worry about me keeping the secret. I hadn't heard a thing that she told me so I couldn't tell anyone else."

The tendency to have a hearing problem has been passed down from one generation to the next in Kruidenier's family—from her grandfather to her father, and from him to both her and her sister, Marian Chrisco, also of Monmouth.

"My father had a terrible time with his hearing aid," said Kruidenier. "It was a big, bulky thing that he carried in a shirt pocket, with wires running up to his ears. It was inconvenient, uncomfortable, unsightly and not all that reliable. He sometimes cussed at it, but he always wore it."

Chrisco, 69, whose hearing problems developed when she was about 40, wore hearing aids attached to the frames of her eyeglasses for several years before being fitted last year at BMC Audiology for new in-the-ear hearing instruments.

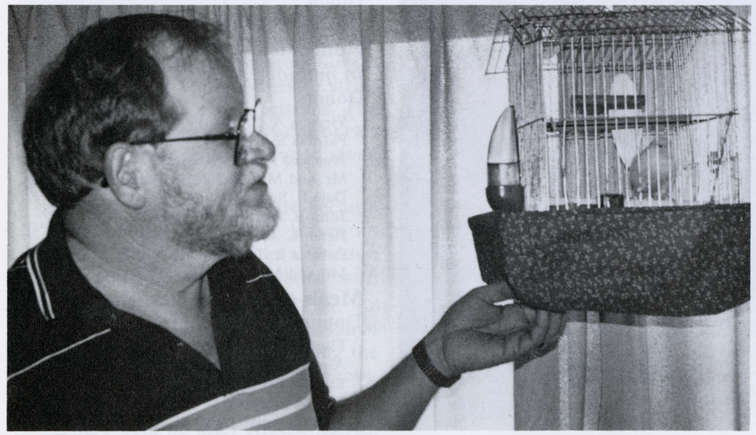
"Betty got her first hearing aid at BMC Audiology in 1983 — for just one ear; then she went back the following year and got one for her other ear," said Chrisco. "I liked Betty's so well that I went to BMC Audiology last year and got new ones like hers."

Chrisco said she was pleased with the professional audiology services provided by Ed Van Der Heiden, director of the Audiology Department at BMC.

"I don't think you'd find anyone any better anywhere — and I had been to Iowa City and the Mayo Clinic for my hearing problem before going to BMC Audiology," she said.

Kruidenier agreed. "He's super," she said. "He goes the extra mile."

For more information on audiology services, call (319) 753-3551 or write BMC Audiology, Mercy Professional Building, 610 N. Fourth St., Burlington, IA 52601.



A major benefit of wearing a hearing aid fitted by BMC Audiology, according to Marion Brown of Oquawka, Illinois, is being able to fully enjoy the singing voice of his pet canary, Pat.

What makes BMC specialists so special?

What does it mean for patients when a physician is "board certified" in a given specialty?

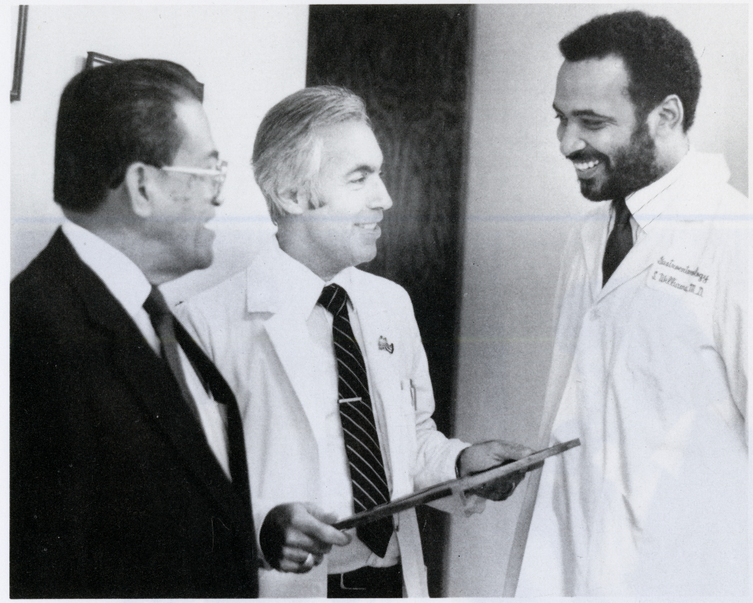
Basically it means the physician has demonstrated that he or she has special expertise in a specific field of medicine and has put forth considerable time and effort to achieve that designation.

More than six out of 10 doctors on the Medical Staff at Burlington Medical Center have been board certified.

The American Board of Medical Specialties, which oversees the certification of physicians, explains the importance of board certification this way: "The intent of the certification process is to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation, including an examination process designed to assess the knowledge, experience and skills requisite to the provision of high quality patient care in that specialty."

Of the 83 physicians on the BMC Medical Staff, 51 (or 61 percent) are board certified.

At least three physicians are certified in more than one specialty or subspecialty. E. T. Shivapour, M.D., is a certified specialist in both Neurology and in Electrodiagnostic Medicine; Sherman Williams, M.D., is certified in Internal Medicine and Gastroenterology, and S.F. Guiang, M.D., has three specialty certificates—Allergy and Immunology, Pediatrics and Pediatric Allergy.



Three physicians at Burlington Medical Center are board certified in more than one specialty. From left, looking at a certificate, are S.F. Guiang, M.D., who is certified in Allergy and Immunology, Pediatrics and Pediatric Allergy; E.T. Shivapour, M.D., who is certified in Neurology and Electrodiagnostic Medicine, and Sherman Williams, M.D., who is certified in Internal Medicine and Gastroenterology.

'The certification process is to provide assurance to the public that a certified medical specialist has successfully completed an approved educational program and an evaluation . . . designed to assess the knowledge, experience and skills requisite to the provision of high quality patient care.'

Other physicians with Active or Provisional Status who are board certified: B.S. Ajaikumar, M.D., Oncology; Matthew Anderson, M.D., Obstetrics/Gynecology; Shan Bedi, M.D., Internal Medicine; Gregg Calderwood, M.D., Obstetrics/Gynecology; Robert Carleton, D.O., General Practice; Daniel Clark, M.D., Radiology, and William Daws, M.D., Pediatrics.

Also Gregory Day, Radiology; Donald Gale, M.D., Pathology; Jon Gates, M.D., Radiology; Carl Hays, M.D., Obstetrics/Gynecology; Michael Hendricks, M.D., Orthopedics; James Hendrix, M.D., Pediatrics; Jerry Jochims, M.D., Orthopedics; Yadolah Karnama, M.D., Ophthalmology; Roderick Kellogg, M.D., Urology; Robert Kent, M.D., Obstetrics/Gynecology; James Kivlahan, M.D., General Surgery; Anthony Lazar, M.D., Internal Medicine; John Lyday, M.D., Pathology; Dean Lyons, M.D., Otorhinolaryngology; Donald McCabe, M.D., Pediatrics, and James McCabe, M.D., Family Practice.

Also John McGee, M.D., Obstetrics/Gynecology; Rao Makkapati, M.D., Psychiatry; Gary Mansheim, M.D., Family Practice; Michael Niehaus, M.D., General Surgery; Rolando Paragas, M.D., Pediatrics; John Peterson, D.D.S., Oral Surgery; John Phillips, M.D., General Surgery; Bernardo Pineda, M.D., Psychiatry; Robert Pogue, M.D., Internal Medicine; Reganti Reddi, M.D., Oncology/Radiology; Fredric Roules, M.D., Family Practice, and James Small, M.D., Radiology.

Also Koert Smith, M.D., Orthopedics; Jonathan Snow, M.D., Pathology; Todd Sommer, Podiatry; Burton Stone, M.D., Physiatry; Herbert Tjaden, M.D., Urology; Robert Todd, M.D., Internal Medicine; William Vincent, M.D., General Surgery; Kirk Wilcox, M.D., Anesthesiology, and Mark Woodard, D.O., Internal Medicine.

Four physicians with Courtesy Staff privileges at BMC have been certified. They are: Jonathan Cutler, M.D., Ophthalmology, and Keith Riggins, M.D., Orthopedics, both of whom have offices in Fort Madison, and Dennis Samuelson, M.D., Pathology, and Richard Watson, M.D., also Pathology, both of whom have offices in Macomb, Illinois.

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Home health care, 'like family'

Chris Oleson, a BMC Home Health Care nurse, visits with her patient John Andrews, 80, of 1209 N. Sixth St., while Andrews' grandson, Casey, 13, a former BMC Home Health Care patient, looks on. (See "BMC Brings Health Care Home" on Page 1.)

Better hearing at BMC

Betty Kruidenier (left) and her sister, Marian Chrisco, both of Monmouth, Illinois, and both hearing impaired, listen as Ed Van Der Heiden, Director of the Audiology Department at Burlington Medical Center, explains the latest technology in hearing instruments. (See "Seeing Is Believing; So Is Hearing" on Page 6.)

THE PULSEBEAT

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